



Texas Department of Agriculture
Pesticide Applicator Business
Change of Business Information

PAB-301

TODD STAPLES, COMMISSIONER

SECTION A	¹ VERIFICATION INFORMATION	
	Business Owner Name	
	TDA Client No.	TDA License No. (if applicable)

Please provide **ONLY** the information that has changed.

SECTION B	¹ RESPONSIBLE PERSON INSTRUCTIONS			
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:			
	<ul style="list-style-type: none"> ♦ For a corporation, limited liability company, or cooperative, the president or CEO ♦ For a limited or general partnership, the managing partner or general manager ♦ For any other type of business, the general manager 			
	You may change the CEO, President, Managing Partner or General Partner information only. If you are a Sole Proprietor, and there is a change in ownership, you must apply for a new license.			
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name	M. I.	Last Name
	Phone No. () - Ext.	E-mail		
³ RESPONSIBLE PERSON MAILING ADDRESS				
Address				
City	State	Zip	County	

This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name _____

SECTION C	¹ PERSON TO CONTACT FOR BUSINESS-RELATED MATTERS			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	First Name	M. I.	Last Name
	Title		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - Ext.	
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	² MAILING ADDRESS			
Address				
City		State	Zip	County

SECTION D	¹ FACILITY INFORMATION			
	Facility Name			
	² PHYSICAL ADDRESS OF LOCATION OF APPLICATOR BUSINESS			
	Address (No P.O. Box)			
City		State	Zip	County
Directions to Physical Location if address above is difficult to find				

SEC. E	¹ INSURANCE INFORMATION	
	Company Name	Policy No.

SEC. F	¹ EMPLOYED LICENSED APPLICATOR INFORMATION	
	Printed Name of Licensed Commercial Applicator	TDA License No.

Legal Business Name _____

¹ DESCRIPTION OF EQUIPMENT TO ADD TO REGISTRATION						
SECTION G	Ground or Aerial	Ground Equipment – List Serial No. Aerial Equipment – List FAA No.	Year	Brand Name	Make/Model	TDA USE ONLY Decal No.
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					
	<input type="checkbox"/> G <input type="checkbox"/> A					

¹ EQUIPMENT TO BE REMOVED FROM REGISTRATION	
SECTION H	Decal No. If no Decal No., Provide Serial or FAA No.
	Decal No. If no Decal No., Provide Serial or FAA No.

¹ EQUIPMENT THAT NEEDS A REPLACEMENT DECAL	
SECTION I	Old Decal No. If no Decal No., Provide Serial or FAA No.
	Old Decal No. If no Decal No., Provide Serial or FAA No.

¹ SIGNATURE	
SECTION J	By submitting changes to licensing information, the person submitting the changes certifies that he or she is authorized to make such changes on behalf of the licensee and that all information provided is true and correct to the best of the person's knowledge. Any misrepresentation or false statement made by the licensee or the licensee's authorized representative in connection with such changes, whether intentional or not, may result in denial, revocation, or non-renewal of any affected license and/or assessment of monetary administrative penalties.
	Applicant Name (print) Title
	Applicant Signature Date / / month day year